



Plan A
ENROLLMENT/CHANGE FORM - BASIC LIFE AND AD&D,
DEPENDENT LIFE, SUPPLEMENTAL LIFE & AD&D

☐ **NEW ENROLLMENT**
☐ **CHANGE**

ANTHEM LIFE – ADMINISTRATOR
6740 N HIGH ST. – STE 200 – WORTHINGTON, OH 43085 FAX – (614) 433-8849 TOLL-FREE – (866) 227-4005

EMPLOYEE NAME AND ADDRESS:

☐ Check here if name or address has changed

Employee _____

Last First M.I.

Social Security Number _____

Date of Hire: _____

Agency Name: _____

☐ Male ☐ Female Date of Birth _____ Age _____

Address: _____

City: _____ State _____ Zip _____

Home Phone (_____) _____

Work Phone (_____) _____ Ext _____

SPOUSE COVERAGE:

☐ Check here if covering spouse for the first time or if spouse has changed

Spouse Name: _____

Social Security Number: _____ Date of Birth _____

EMPLOYEE'S BENEFICIARY:

☐ Check here if changing beneficiary

Primary: _____

Full Name Relationship Age

Contingent: _____

Full Name Relationship Age

(Please use separate Beneficiary Form if requesting different beneficiaries per plan.)

BASIC PLAN OPTIONS AND EMPLOYEE PREMIUMS - BASIC PLANS SELECT ONE OF THE BASIC PLANS

Plan 1: Life Insurance premium paid by the State. Coverage is Guarantee Issue.

Plan 2-6: Optional Life Insurance amounts, AD&D and Dependent coverage, paid by the employee. Coverage is Guarantee Issue.

Check where newly enrolling,
adding and cancelling Basic
Plan options.

		PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5	PLAN 6
			<input type="checkbox"/> NEW <input type="checkbox"/> ADD <input type="checkbox"/> CANCEL	<input type="checkbox"/> NEW <input type="checkbox"/> ADD <input type="checkbox"/> CANCEL	<input type="checkbox"/> NEW <input type="checkbox"/> ADD <input type="checkbox"/> CANCEL	<input type="checkbox"/> NEW <input type="checkbox"/> ADD <input type="checkbox"/> CANCEL	<input type="checkbox"/> NEW <input type="checkbox"/> ADD <input type="checkbox"/> CANCEL
Employee Paid	LIFE (State Paid)	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000
	ADDITIONAL LIFE			\$ 5,000	\$ 5,000		\$ 5,000
	AD&D Accidental Death & Dismemberment		\$ 20,000		\$ 25,000	\$ 20,000	\$ 25,000
	PER CHILD 15 days-26 yrs					\$ 3,000	\$ 3,000
	BI-WEEKLY DEDUCTION	\$ -	\$ 0.17	\$ 0.10	\$ 0.31	\$ 0.38	\$ 0.52

PLAN 7: OPTIONAL LIFE INSURANCE PLAN FOR SPOUSE

Optional Life Insurance Benefit for the Spouse. Paid by the employee.

Premium deductions are based on spouse's age and are increased automatically in accordance with the schedule below.

Coverage is Guarantee Issue.

Spouse coverage not available over age 70 and terminates at age 70.

Check where newly enrolling, adding or cancelling Plan 7 Spouse Life Insurance

PLAN 7 – \$10,000 SPOUSE LIFE

☐ New Enrollment ☐ Add ☐ Cancel

PLAN 8: OPTIONAL LIFE INSURANCE AND AD&D FOR EMPLOYEE AND/OR SPOUSE

If elected within 30 days of new hire eligibility for coverage, up to \$50,000 for Employee and \$25,000 for Spouse will be offered Guarantee Issue.

Any amount elected for the first time after 30 days of new hire eligibility or any increase in coverage requires completion of an Evidence of Insurability form, is subject to underwriting approval, and is effective ONLY AFTER approval by Anthem Life. Therefore, payroll deductions will not begin until the State has been notified of its approval.

Optional Life and AD&D Insurance for Employee and/or Spouse and are paid by the employee.

Premium deductions are based on age and are increased automatically in accordance with the schedule below. Evidence of insurability is required for all new additions or increases in Plan 8.

Employee coverage reduced by 50% at age 70 and terminates at retirement.

Spouse coverage not available over age 70 and terminates at age 70.

Check where newly enrolling, adding or cancelling Plan 8 Employee and/or Spouse Term Life and AD&D Insurance

PLAN 8 – TERM LIFE AND AD&D

EMPLOYEE				SPOUSE		
New	Add	Cancel		New	Add	Cancel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$25,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$75,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$100,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please see reverse for rates - Please sign authorization on reverse page

KEEP A COPY OF THIS FORM FOR YOURSELF -- FORWARD THE ORIGINAL FORM TO YOUR AGENCY HR/PAYROLL OFFICE. IF APPLYING FOR COVERAGE REQUIRING EVIDENCE OF GOOD HEALTH, ATTACH ANTHEM'S EVIDENCE OF INSURABILITY FORM WITH THIS APPLICATION FORM.

STATE OF NEW HAMPSHIRE BI-WEEKLY DEDUCTIONS BY PLAN

ANTHEM LIFE INSURANCE COMPANY
6740 N HIGH ST. – STE 200 – WORTHINGTON, OH 43085
FAX – (614) 433-8849 TOLL-FREE – (866) 227-4005

OPTIONAL PLANS AND PREMIUMS (Spouse coverage terminates at age70)

PLAN 7 - SPOUSE		PLAN 8 - EMPLOYEE AND/OR SPOUSE (Premiums are Per Person – Not Combined)				
Coverage:	\$10,000 Life	Coverage:	\$25,000 Life \$25,000 AD&D	\$50,000 Life \$50,000 AD&D	\$75,000 Life \$75,000 AD&D	\$100,000 Life \$100,000 AD&D
If Spouse's age is:	Bi-Weekly Deduction	If age is:	Bi-Weekly Deduction	Bi-Weekly Deduction	Bi-Weekly Deduction	Bi-Weekly Deduction
less than 30	\$.81	less than 30	\$1.14	\$2.28	\$3.43	\$4.57
30-34	\$1.15	30-34	\$1.25	\$2.49	\$3.74	\$4.98
35-39	\$1.64	35-39	\$1.56	\$3.12	\$4.67	\$6.23
40-44	\$2.70	40-44	\$2.49	\$4.98	\$7.48	\$9.97
45-49	\$3.47	45-49	\$3.53	\$7.06	\$10.59	\$14.12
50-54	\$5.08	50-54	\$5.92	\$11.84	\$17.76	\$23.68
55-59	\$8.68	55-59	\$10.28	\$20.56	\$30.84	\$41.12
60-64	\$10.64	60-64	\$12.15	\$24.30	\$36.45	\$48.60
65-69	\$10.64	65+	\$18.38	\$36.76	\$55.14	\$73.52
Spouse coverage not available over age 70. Spouse coverage terminates at age 70.		Employee coverage reduced by 50% at age 70 and terminates at retirement Spouse coverage not available over age 70 and terminates at age 70.				

Employee Acknowledgement and Payroll Deduction Authorization

I have been given the opportunity to enroll in the Supplemental Group Term Life and Dependent Life Insurance plans with the State of New Hampshire. I understand that if I apply for optional employee or spouse coverage under Plan 8 for amounts that exceed \$50,000 for myself and/or \$25,000 for my spouse within 30 days of my new hire eligibility for coverage or for any Plan 8 after this period for myself or my spouse, I am required to provide evidence of good health (by attaching the Anthem Evidence of Insurability Form) that is satisfactory to the insurer and understand my request for coverage may be denied. Premium deductions for Plan 8 when evidence of good health is required shall go into effect ONLY AFTER approval by Anthem Life's underwriting.

I authorize The State of New Hampshire to make the appropriate payroll deductions from my wages, and to increase deductions based on age as specified by the plan. I am performing all the duties of my occupation on a full-time basis.

Employee Signature

Date

Employee SS#

Spouse SS# (Only if applying for coverage)

AGENCY HR/PAYROLL USE ONLY

First Payroll Deduction		Basic Plan Deduction		Plans 7 Deduction	Plans 8 Employee Coverage Deduction			Plan 8 Spouse Coverage Deduction		
Check Of:	Pay Period:	Plan #	Amount	Amount	GI Amount	EOI Approval Date	EOI Amount	GI Amount	EOI Approval Date	EOI Amount
Agency Name:				Agency #:		GHRs Entered by (Signature) :				

EMPLOYEE: KEEP A COPY OF THIS FORM FOR YOURSELF -- FORWARD THE ORIGINAL FORM TO YOUR AGENCY HR/PAYROLL OFFICE. IF APPLYING FOR COVERAGE REQUIRING EVIDENCE OF GOOD HEALTH, ATTACH THE ANTHEM EVIDENCE OF INSURABILITY WITH THIS APPLICATION FORM.

AGENCY HR/PAYROLL: INDICATE ABOVE ALL DEDUCTIONS ENTERED INTO NH FIRST. (PLAN 8 GI DEDUCTION AMOUNTS ARE TO BE ENTERED EFFECTIVE AS OF THE ELIGIBILITY DATE OF THE APPLICATION; PLAN 8 EOI DEDUCTION AMOUNTS ARE TO BE ENTERED EFFECTIVE AS OF THE APPROVAL FROM ANTHEM.) KEEP COPY IN EMPLOYEE FILE AND SEND ORIGINAL TO ANTHEM LIFE AT ADDRESS ABOVE.